

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 9-10-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The chiropractic manipulation and physical medicine treatment on 1-23-04 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c); plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 1-23-04 as outlined above in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 19th day of November, 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Enclosure: IRO decision

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NOTICE OF INDEPENDENT REVIEW DECISION

November 9, 2004

Re: IRO Case # M5-05-0125

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed in Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Review 10/24/03
4. D.C. treatment notes
5. D.C. request for reconsideration
6. D.C. report 12/1/03
7. MRI lumbar spine report 9/4/03

History

The patient injured his lower back in ____ when he lifted a 100 pound package and felt lower back pain. He initially saw his chiropractor for treatment on 7/18/03. The patient responded with good results and was released from care on 12/1/03. He had an MRI on 9/4/03 that revealed mild disk bulging from L3- S1 associated with mild narrowing of the neural foramina at L4 and L5 with mild degenerative facet disease throughout the lumbar region. The patient evidently re-injured his lower back and returned to his D.C. on 1/23/04 for additional treatment.

Requested Service(s)

Chiro manipulation and physical medicine treatment 1/23/04

Decision

I disagree with the carrier's decision to deny the requested services.

Rationale

The patient evidently had an aggravation of his original injury. Aggravations are time and event based occurrences and have the same pain pattern as the original injury. The documentation from the patient's D.C. supports this description. The D.C.'s documentation confirms that the treatment was appropriate, was provided in the least intensive setting, and was objectively measured and demonstrated functional gains. Treatment was beneficial to the patient, giving him total relief of symptoms and returning him to his work activities without restrictions. The treatment in dispute was reasonable and necessary.

Based on the MRI results, it appears that the patient may have future aggravations of the original injury, which would necessitate additional chiropractic treatment to relieve his symptoms.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Daniel Y. Chin, for GP